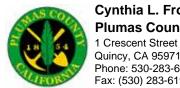
EF-263-A-R06-0612-32000708-1 BOE-263-A (P1) REV. 06 (06-12)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

> NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

To receive one time reporting treatment

			with the Assessor within 120 days of the		
L			commencement date of the lease		
ENTIFICATION O	FAPPLICANT				
LESSOR'S CORPO	DRATE OR ORGANIZATION NAME				
MAILING ADDRES	S				
CITY, STATE, ZIP (CODE				
CORPORATE ID (I	F ANY)				
ENTIFICATION O	F PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)					FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIF	CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCEL NUMBER	
The exemption	claim is made for the following pr	operty: (if there are numerous property and the name			y identifies the
PROPERTY TYPE		PRIMARY USE		INCIDENTAL USE	
Land					
Buildings	and Improvements				
Personal	Property				
☐ Yes ☐ No	The lease confers upon the less	see the exclusive right to posses	sion and use of the pro	perty.	
☐ Yes ☐ No	No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.				
☐ Yes ☐ No	No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
	ssee's affidavit, in which the lesse ial of one time reporting treatmer				te the lessee's affidavit
		CERTIFICATIO	N		
I certify (or decla	are) under penalty of perjury und accompanying statements	er the laws of the State of Califo or documents, is true and corre			
SIGNATURE OF PER	SON MAKING CLAIM		DATE		
NAME OF PERSON M	IAKING CLAIM		TITLE		
EMAIL ADDRESS				DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE						
NAME OF QUALIFYING LESSEE INSTITUTION						
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
Check the type of qualifying use of the p	property					
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA				
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE				
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY					
NAME OF LESSOR						
MAILING ADDRESS						
CITY, STATE, ZIP CODE						
DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE					
THE ASSE	SSOR MAY REQUEST A COPY OF THE LEASE	AGREEMENT				
The following property is leased as of Janua etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,				
PROPERTY TYPE (REAL OR PERSONAL)						
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring options.	the above property described in the lease for \$1				
	CERTIFICATION					
	r under the laws of the State of California that the for nents or documents, is true and correct to the best of					
SIGNATURE OF PERSON MAKING CLAIM	DATE					
NAME OF PERSON MAKING CLAIM	TITLE					
EMAIL ADDRESS	DAYTIME TELEPHONE					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

